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Polypoidal and giant molluscum contagiosum in an AIDS patient

Between 10% to 20% of patients with symptomatic HIV disease or AIDS have molluscum contagiosum (MC).¹⁻³ Individual lesions of MC may be quite large with a diameter of 10 mm or more and designated as "giant molluscum contagiosum".⁴ The appearance of multiple (up to 100) typical papules are more common than solitary papules or plaques of MC. Usually MC lesions are seen over the face (including eyelids), neck and in the intertriginous areas (such as axillae, groins or buttocks) in AIDS patients.⁵ In a recent study from Denmark none of the 16 cases (with MC) out of 122 HIV infected patients had a MC lesion in the anogenital region.⁴

Recently we saw an AIDS patient with multiple (more than 20) asymptomatic MC lesions limited to the penile skin of 3 months duration (fig). The size of the individual lesions varied from 1 to 15 mm in diameter with no history of spontaneous regression. Two lesions had narrow bases (8 mm diameter) and broad tops (12 mm diameter) like polyps, two were giant molluscum contagiosum and the rest were typical discrete,

translucent, umbilicated papules. Even on careful cutaneous examination no other part of the body was found to be affected. Curettage and cauterisation with trichloroacetic acid were performed on a few lesions at a time, with the aim of reducing the number and bulk of the lesions.

Giant MC is well known in AIDS patients. The reason for their absence in non-HIV immunosuppressed patients has yet to be explained. Giant MC attaining polypoidal character and limited to the penile skin as seen in our patient is an uncommon presentation.

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Dipyridamole, as an interferon inducer, versus placebo in the prevention of recurrences of condylomata acuminata after diathermocoagulation

Galabov *et al* have demonstrated that dipyridamole, a drug which has been used for several years for its antiaggregant activity, is an endogenous interferon inducer in guinea pigs¹ and in man.^{2,3} A single administration of dipyridamole (100 mg) in man induced an increase in the plasma concentration of alpha interferon equal to 195 times the basal values in 36 out of 40 healthy volunteers, detectable up to 48 hours after administration.² A reduction in the plasma concentration of interferon was found, with subsequent administrations of dipyridamole, around 4-6 days after the start of administration of the drug,² similar to what was observed for other interferon inducers.⁴ This period of hyporeactivity has a mean duration of 5-7 days for the interferon inducers studied.⁴

On the basis of these findings, it was decided to verify whether the activity of dipyridamole as an endogenous interferon inducer could modify the course of condylomata acuminata, a disorder which is difficult to treat owing to the frequent recurrences.⁵ Exogenous interferon has been used in the past few years to treat this disorder, with

Figure Giant molluscum contagiosum of penis.

